

Utah Department of Workforce Services (DWS) RECERTIFICATION APPLICATION TO PROVIDE BASIC EDUCATION TRAINING Proprietary Schools

Part A: School Information

School Information		
School Name		
Street		
City, State, Zip Code		
Mailing Address, if different		
Contact Name		
Contact Phone Number		
Contact Fax Number		
Contact E-mail		
Toll Free Number		
Web Address		
Type of Ownership (circle all that apply)	Sole proprietorship Partnership Corporate For Profit Non-Profit	
Length of Time in Business		
Other Names Operated Under		
Have you been enjoined for violations of any state or federal laws?	NO / YES (If yes, please explain in a separate attachment)	
Have provisions been made for proper fire, public liability worker's comp and professional liability insurance?	NO / YES	
Acc	reditation and State Authorization Agencies	
Is your school offering high school credit as part of the curriculum?	NO / YES (If yes, please provide documentation of your accreditation with the Utah State Office of Education and Northwest Association of Accredited Schools)	
	NO / YES (If yes, please provide documentation of registration or exemption of registration with the Utah Division of Consumer Protection as a Postsecondary Proprietary School)	

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ADA Accommodations			
	Please attach an outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility etc.		
	Please complete the Facilities Accessibility Checklist located at the end of the application.		
	Financial Documentation		
Applicants must provide evidence of financial stability prepared by a certified public accountant.	Please attach one of the following sets of financial statements. 1. Balance sheet, income statement and a statement of changes in financial position. 2. Copy of the most recent annual business audit. 3. Copies of each owner's most recent personal income tax return. All items must be prepared and accompanied by a signed statement of the accountant preparing the documents verifying the accuracy of the contents.		
Refund Policy	Please attach your current refund policy.		

Part B: Program Information: The following information is required for \underline{each} program seeking approval. Please attach additional pages if needed.

Program Name	
(Example: GED Preparation, ESL etc.)	
Completion Rate (%)	
Type of certification that students completing	
the program obtain	
Certification (%)	
Program Cost: Please include the cost for	
tuition, fees, books, supplies etc.	
Program Information: (Please include length of	
training, overview of curriculum, assessment	
and post assessment tools used etc.)	

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Part C: Before sending, please verify that the following is included with the application:

If offering high school credit, documentation of accreditation with USOE and Northwest Association of Accredited Schools.
If offering ESL programs, documentation of being registered or exempt from registration as a proprietary school with the Utah Division of Consumer Protection. If you are in your review year, please also provide your Review Registration Approval Letter from the Utah Division of Consumer Protection.
An outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility, etc.
The Facilities Accessibility Checklist completely filled out, to certify compliance with the Americans with Disabilities Act (ADA) and accessibility requirements.
Appropriate documentation of financial stability accompanied by a signed statement of the accountant preparing the documents verifying the accuracy of the contents.
A copy of your refund policy.
**Please note that if any information is missing, fraudulent or required documents are not attached to the application, it will delay the process for approval or denial.

By signing this application, you are agreeing that your school will:

- Provide DWS students with progress and attendance reports upon request.
- Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- □ Provide services in a professional and timely manner.
- ☐ Have an adequate facility that abides with ADA guidelines.
- □ Abide by the DWS Equal Opportunity Clause:
 - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity:
 - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
 - Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
 - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
 - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- □ Not recruit on DWS premises without DWS Employment Center Manager's approval.
- □ Not rely solely on funds from DWS to remain in business.

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□ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

Printed Name		
Signature	 Date	

Mail the completed application and required documentation to:

Attn: Jean Fisher

Department of Workforce Services – OSD

Eligibility Center

1050 South Medical Drive

Brigham City, UT 84302

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FACILITIES ACCESSIBILITY CHECKLIST

Survey completed by:

I. Parking Lots		No	N/A
Are designated accessible parking spaces located near the facility?			
2. Are these spaces at least 12 feet wide?			
3. Do they allow a person to get out of vehicles on a level and smooth surface (no sand, gravel, etc.)?			
4. Can a person using these spaces reach walks or doors to the building without walking or wheeling behind parked vehicles?			
5. If there are curbs, are curb cuts or ramps adjacent to the designated parking spaces?			
II. Walks			
1. Are walks at least 48" wide?			
Are walks in good repair and reasonably free of abrupt changes in surface level?			
3. Are drop-offs on sides or differences in terrain near walks marked by fences or rails?			
4. When crossing other Walks, driveways, or parking lots, do walks blend to a common level?			
III. Entrances, Exits, and Stairs			
Are primary entrances and exits ramped to allow persons using wheelchairs or crutches access to the facility?			
If there are ramps: a. Are they sloped gently?			
b. Are the ramps in good repair including handrails?			
c. Is the surface of the ramp non-slip?			
3. Do doors have clear openings of no less than 32" when open?			
4. Can doors be opened or closed by a single effort?			
5. Are doorsills free of extreme slopes or abrupt changes in surface level?			

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III. Entrances, Exits, and Stairs		No	N/A
6. If the building has elevators, are they on the same level as accessible entrances?			
7. Are stair surfaces >non-slip?			
8. Do stairs have handrails?			
IV. Facility Interiors			
1. Do floors have >non-slip- surfaces?			
2. Are floors on each story at a common level or connected by ramps	s?		
3. Are hallways free of protruding objects (coat racks, hanging signs, etc.)? That interferes with pedestrian traffic?	,		
4. Are rest room facilities accessible and usable by persons in wheelchairs?			
5. Are water fountains usable by persons in wheelchairs?			
6. Are public telephones equipped for use by persons with hearing impairments?			
7. Are public telephones accessible to persons in wheelchairs?			
8. Are elevators accessible and usable by mobile disabled persons?			
Do fire alarms utilize both sight and sound systems?			

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